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PROF. BRAINARD'S SURGICAL CLINIC. JAN. 2d, 1845.

[Reported for the Journal, by J. H. Bird.]

CASE 1.—Mr. W. I——, having ectropion, occasioned by a burn, presented himself for relief. Dr. Brainard remarked that within the last few years, numerous operations have been performed, for the restoration of different parts of the face, destroyed by burns, and other causes. These were formerly called Taliacotian operations, from Taliacotius, an Italian surgeon, who attained great celebrity in the restoration of lost noses; but as he is not the inventor of the operation, and as plastic operation is more appropriate, it is now called by that name, and plastic surgery is recognized as a distinct branch of the art. If the operation is performed upon the nose, it is called rhinoplastic; if upon the eye, blepharoplastic, &c., according to the part. In the present case, the deformity was occasioned by the patient falling upon a bed of coals, producing a burn of great extent, causing a destruction of the soft parts to a considerable depth. In future lectures, I will speak of the different effects resulting from burns. There is, in the present case, a cicatrix, extending from the eye downwards upon the face, producing complete eversion of the lower lid. In extensive burns, there is sloughing of the part; and extensive ulcers are formed, which granulate. These granulations contract, and the cicatrix is formed. There is a great tendency on the part of the cicatrix to contract; in case of a burn upon the hand, the fingers will be strongly flexed, or applied upon the dorsum of the hand; if upon the fore-arm, it will be flexed upon the arm;

if upon the neck, the head will be drawn towards the breast, &c. The knowledge of this contractibility is very important in the dressings of burns. In the present case, you observe the effect of the contraction upon the eyelid: it is not destroyed, but the inferior edge is planted against the globe of the eye, and the free edge is adherent at the summit of the cheek. It has been proposed to divide the cicatrix and sound skin adjacent, but it has met with poor success.

The idea of the plastic operation originated in India, where the punishment inflicted upon criminals, as cutting off of noses and ears, gave so frequent opportunities for their remedy. The part to be applied can be taken from the adjacent parts, or from distant ones, as from the arm. This latter is the Taliacotian method, but at the present day is rarely repeated. Wonderful stories have been told of noses taken from other individuals adhering, but to these we give no credence. Another method is by inoculation, that is, by removing distant parts to the face; as from the arm to the neck, and when adhesion will allow, again removing it to the face. This may do, in cases where the face and adjacent parts are too much injured to allow of their use. No particular rule can be laid down, but, as occasion may call, the surgeon will have to adopt the method that may seem best.

I would observe, that instances are on record, of parts entirely divided, uniting. I had a case, where the pulp of the finger had been entirely cut off, the piece washed free from dirt, and re-applied. On application to me, I for curiosity took the piece off, and re-applied it; but I found, although there seemed to be a union, yet the part had wasted almost entirely away.

There are many ways of performing the operation for the relief of ectropion. I have seen Velpeau use a method, which consists in removing a portion of the integuments at the inner or nasal side, then drawing the edges of the wound together, so as to fill the vacant place; a slight improvement was noticed, but the result was not satisfactory. Another method is, to excise a portion of the conjunctiva; another still, to cut out portion a of the lid, in the shape of the letter V.

These may be admissible in slighter cases, but in more perfect eversion, as in the present case, it becomes necessary to supply the place of the destroyed part. The piece to be used can be taken from the nose, face, forehead or temporal region. In this case, owing to the extent of the burn, there remains to us but the

two last. There has been another operation proposed, which consists in excising a portion of the integuments, at the external angle uniting the edges of the wound, thus drawing the lids outwards, and elevating the everted one. We intend to combine the two modes. By removing a piece from the temple, the contraction of the cicatrix will have a tendency to restore the palpebra to its position; while the inserting the piece, thus removed, beneath it, will perfectly effect this object. The operation combining the two objects, has not, as far as we are aware, been performed or proposed by any surgeon.

We will commence the operation by dissecting up the eyelid, making one incision at the inferior margin of the tarsal cartilage, it will then resume its true position. Then dissect up a portion of skin without the external angle, and turning the flap upon its base about one fourth of a circle, we will place in the incision already made under the eyelid, keeping the parts in contact by means of interrupted sutures, three above and two below. Owing to the contractility of living tissue, we will make our flap about one third larger than the chasm it is to fill. The tissue of a cicatrix possesses but little vitality; if blisters are applied to its surface, the vesicated parts are very long in healing. So the sound portion of skin will be much longer in uniting to the cicatrized portion.

Fergusson, and other authors say, that before the new portion shall be brought in contact with the other, hæmorrhage must have partially ceased, and the wound be cleansed. I do not think it necessary to wait for the cessation of the hæmorrhage, but will merely cleanse the wound from any coagula that may have formed, and apply the flap. Adhesive straps and pressure, should not be employed in the dressings, as they tend to interrupt the limited circulation in the parts. The pedicle of the flap should be broad enough to admit of sufficient circulation to preserve its vitality. And this depends upon its situation; in the present instance and in plastic operations upon the nose, the circulation, owing to the number of arteries, is quite active.

The after treatment and dressings are quite simple; merely defensive. No cold applications should be used, as they tend to check the circulation.

The Dr. then performed the operation. The new portion having been nicely adapted to the incision, the proper dressings were then applied, and the patient dismissed. He then remarked

that the wound would heal generally by the first intention, and that the fullness at the external angle, from the torsion of the flap, might be treated by excision, if necessary. As the patient had a deformity of the mouth produced by the same cause, being a contraction of the opening of the lips, he proposed operating in a few days upon it, by increasing the size of the opening. He continued his remarks. The mouth could be contracted by various causes, as psoriasis labialis, &c.; mechanical means, as various plugs, would not prevent the contraction; an operation was necessary. The operation recommended by Dieffenbach, has been quite successful. It consists in excising the integuments down to the mucous membrane, drawing this over the edges of the wound, and by stiches, producing an adherence of it to the skin. The contraction in the present case, is to one-third of the opening, and is external; the mucous membrane being intact. As the cicatrix is not in as favorable a state as in the other case, I am not so certain as to the result. At a subsequent period the operation was performed.

Jan. 20. The patient presented himself. The wound on the temple had nearly healed, and the flap had entirely adhered in its position. The operation had been quite successful. The wound at the corner of the mouth had nearly healed. All things being so favorable, the patient was permitted to leave for his home in the country.

CASE 2.—Mr. —, having a tumor upon the breast, presented himself for its removal. Dr. Brainard remarked that it was a pediculated vascular tumor, of very easy removal. The Dr., by two incisions quite expeditiously removed it; the edges of the wound were united, by stiches and adhesive straps; the proper dressings applied, and patient dismissed.

On examination, the tumor presented a fungoid vascular appearance, having the cancerous odor, without the peculiar sound in cutting it. The Dr. considered it of the variety of tumors, called by Warren, keloides.

CASE 3.—Mr. —, afflicted with chronic catarrhal ophthalmia. Dr. B. remarked, that this was another case of that common disorder, chronic conjunctivitis with blepharitis. We will prescribe the blue mass, 3 grs., to be taken each night, as a gentle laxative; and the ointment of sulphate zinc, and simple cerate, in the proportion hitherto mentioned, to be applied in the usual manner.

*An account of an Anomalous Disease of the Tongue and Feet, occurring in the interior of Indiana.* By GRAHAM N. FITCH, M. D., Professor of Obstetrics, &c., in Rush Medical College.

In calling the attention of the profession to a disease, no description of which has it ever been my fortune to meet, it may happen, that I shall be relating the symptoms and appearance of a pathological condition with which many are already familiar, either from practical observation, or through the medium of some one of the numerous periodical medical publications of the day, to which I have not access. Indeed, that many physicians in the interior of Indiana, where alone I have been cognizant of the disease, are practically familiar with it, I have the evidence afforded by mutual consultation; besides its prevalence at different periods, with such peculiarity and severity of symptoms, as necessarily to attract attention. The first cases prescribed for by me, came under notice in the spring of 1835; and scarce a year has elapsed since, without the presentation of more or less, although they have been, some years, more than ordinarily numerous. In the winter and spring of '35, '38, '41, and '44, its occurrence was more frequent than during the intermediate periods. It appears to be more prevalent among adults, paying no regard to sex. It commences with a burning sensation in the tongue, sometimes described as a stinging heat, not necessarily accompanied or preceded by any symptoms indicative of derangement of digestive or other organs. In truth, the reverse is usually the case, every function appearing to be healthily performed, until after the long continuance of the disease. This burning sensation increases, with varied rapidity, until it arrives to such a degree as to be productive of very considerable and constant distress, more or less increased upon taking anything hot or stimulating into the mouth. The tongue, at this stage, presents no unusual appearance, except perhaps an unnaturally *clean*, slightly florid appearance, at tip or edges. It appears, so far, to be a strictly local disease, and may now undergo a spontaneous cure, or yield to some domestic remedy; or partially disappear, perhaps entirely, to return after a varied interval, with increased severity. Whether thus temporarily checked or not, its return or continuance is soon marked by an aggravation of the burning pain. The tongue becomes bright red on the tips, edges, and along the centre, the space between the centre and edge,

being often covered with a white loose crust. This, however, soon disappears in the progress of the disease, the entire tongue becoming of a deep red, resembling in color, raw flesh, but smooth, glossy, and moist. *It diminishes in every diameter*, length, breadth, and thickness, becoming remarkably sharpened at its apex. The papillæ all disappear, except a few of the larger at its base. A copious secretion of hot saliva adds to the patient's misery. The angles of the mouth and the lips externally, become, in some cases, excoriated or cracked. The sub-maxillary glands, even the cervical absorbent glands swell, but do not often present external evidences of inflammation—are not painful or very tender. Longitudinal cracks become perceptible in the tongue; sometimes one in the course of the *raphe*, and one immediately on each side. In other cases, there is but the one central crevice, but this often attains size sufficient to admit a small quill. The crevices have no appearance of having been produced by ulceration, but by a shrinking of the lateral muscular substance of the tongue. The pain becomes greatly increased, but retains its burning character. The appetite remains but little impaired, or if not, its loss is attributable more frequently to the local pain, than to any derangement of the stomach. There is an inability to take into the mouth any substance, solid or fluid, of any temperature, except perhaps one or two articles of the blandest kind. Some can comfortably consume a sufficient quantity of boiled milk and rice, or milk and soft bread. Others experience as much pain from efforts to eat these mild articles, as those of more stimulating nature. Nearly all, however, can chew fresh elm bark, and experience great comfort from holding it in their mouths. The pulse becomes accelerated, but not hard, rather irritable. There is some thirst. Except in those cases in which there is an inability to take any nutriment, and the naturally resulting emaciation and debility, the patient is able to attend to his or her ordinary avocations, until the supervention, in some cases, of another symptom, which will be soon mentioned. The longitudinal crevice in the tongue, as I before remarked, has not the appearance of an ulcer. No pus can ever be detected in it, or in any part of the mouth. I have never been able to discover aphthæ or ulcerations, though that such do not exist in some cases, I will not assert. There is no unusual fœtor of the breath; the gums remain unaffected, as does indeed every part of the mouth, except the tongue and salivary glands.

After a continuance of these symptoms for an indefinite period,



they gradually yield to medicinal treatment, or disappear spontaneously in the course of the summer. In many, (a majority,) the recovery appears to be complete. In others, and by no means a small proportion, a secondary affection, even more distressing than the primary one, manifests itself. As the lingual distress and appearances I have described, subside, "a burning sensation," as near like the one first felt in the tongue, as the difference in structure of the parts affected can be supposed to permit, becomes to be perceptible in the *bottoms of the feet*. The pain in this situation soon becomes intense, spreading from the soles to the superior parts of the feet, though never reaching the ankle joints. It deprives the patient of quiet by day, and rest by night; inducing him, for the purpose of relieving the intolerable sense of heat, to leave the feet at all times uncovered. Some have applied ice, or ice-cold water to the feet, for the same purpose; a proceeding usually productive of unpleasant consequences. There is not at first any tenderness. This however occurs in the further progress of the complaint, though seldom beyond a degree sufficient to produce some pain or flinching in walking. There is *at no time any*, or if any, very little, redness or swelling of the feet, and but little increase of temperature. Indeed, I have never been able to satisfy myself of the existence of any redness or swelling, other than what was produced by remedial applications.

This secondary affection is not so liable to follow more severe attacks of the original disease, (that of the tongue,) as the milder. Perhaps, when the tongue is long and severely affected, the disease expends itself in its original seat, thereby relieving the system from any disposition to attacks of it elsewhere; or the early occurrence in the feet of the symptoms above described, may act as a derivative, and consequently be soon followed by a subsidence of of the pain in its first locality. I have known the peculiar (burning) pain to alternately attack the tongue and feet, disappearing from the one, almost simultaneously with its invasion of the other. It is rarely co-existent in both situations, and never in any severity. If the feet are once seized by it, they are generally the last part affected; as, if they are relieved by its recurrence in the tongue, (which does not often happen,) that relief is but temporary, the disease invariably returning to the feet, there to exhaust itself, or yield to treatment.

I have not, so far, succeeded in tracing it to any satisfactory cause. It has appeared in some instances, to be connected as an

effect, with the consumption of an undue proportion of salted animal food. That such ever is the cause, it would be presumptuous to assert, with my limited means of observation. No opportunity for post-mortem examination has been offered me, never having witnessed a fatal termination.

Logansport, Ind., Jan. 1845.

[We are promised by Dr. Fitch, a continuation of the above article, describing the mode of treatment found most successful, and the details of several cases. We hope to present it to our readers in the next number.—ED.]

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### PRACTICAL MEDICINE, &c.

*Treatment of Scarlet Fever.*—At a late meeting of the Westminster Medical Society, the subject of scarlet fever and scarlatinal dropsy was discussed. Dr. Clutterbuck regarded scarlet fever as the effects of a specific poison, which would go on for a certain time and then generally subside by themselves. The duty of the practitioner would be to watch the symptoms, and control them if unusually violent. It generally mattered little what was done; some mild saline, and keeping the surface cool, by sponging or cold air, was usually all that was required. If inflammation of an important organ came on, it must be treated by measures proportioned to its severity. Dropsy from scarlet fever was not common, and when it did occur, would not require active treatment. It was the result of inflammation of the skin and subjacent cellular tissue, and affected also internal organs. Occasional purgatives and mild diuretics were only required in the great majority of cases. If the tongue were coated, the pulse frequent, the skin hot, the very slight antiphlogistic treatment might be employed, but bloodletting never, unless there were inflammation of some important organ.—*Boston Med. Journal.*

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*Treatment of Plethora by Saline Medicines.*—"The treatment of plethora is often not nearly so easy as that of anæmia. In many cases it will not suffice merely to abstain from animal food, and to drink large quantities of simple cooling beverages, in the hope of attenuating and impoverishing the condition of the blood. Then, again, the effects of bloodletting are generally only transitory; and, moreover, the very loss of blood seems not unfrequently to induce a more active proportionate formation of it. On the whole, the use of saline laxatives, and of the hydrochlorate of ammonia (sal ammoniac), seem to be the most useful means that



can be employed for the relief of plethora, when it gives rise to inconvenient symptoms.

"Dr. Lheritier, in his recent treatise on pathological chemistry, informs us that he has found that the proportion of the red globules in the blood of rabbits was decidedly modified by the internal use of this salt, in the course of two or three weeks.

"The nitrate of potash has similar effects; so also have the alkaline subcarbonates, and the liquor potassæ itself. Perhaps the latter is, on the whole, the most efficient impoverisher of the blood, provided, also, the diet is spare, and not too nutritious, and all malt liquors are avoided."—*Medico-Chirurgical Review*.

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*Camphor a Preservative of Ergot of Rye.* By JOHN N. SIMPSON, M. R. C. S., &c.—I was not a little surprised to read some remarks by Mr. Rawle, stating camphor to be a preservative of ergot of rye. I can only say that I have been in the habit of using it for the last nine or ten years, but not exactly in the manner described by him. I order the camphor to be mixed with the powdered ergot, in the proportion of a grain in every scruple. By this means I think the camphor is more intimately diffused throughout the whole than can possibly take place by the plan proposed by Mr. Rawle. I do not give this either as a new, or, indeed, my own discovery; for I adopted the method by having seen it in the practice of Mr. Spurgin, an old practitioner also at Saffron Walden, and from whom I have every reason to believe that your correspondent also obtained the same information, he having been in the same gentleman's practice.—*London Lancet*.

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*On the Canada Leprosy.*—To the Editor of the "Medical Times."—SIR,—In the Medical Times, for the 25th of May last, you express a wish that some of your Canadian subscribers will will communicate with you, on the subject of the new malady, which has appeared in the district of Tracadia, province of New Brunswick, on this continent. In case no one else has written to you about the matter, I will state a few particulars. The government appointed a commission of medical men, in March last to visit Tracadia and the adjoining districts, and to investigate the nature of the malignant disease, reported to prevail therein. Dr. Skene, assistant surgeon of the 52d Regt., stationed at Fredericton, N. B., one of the commissioners, has made a report on the disease, addressed to Sir J. Macgrigor, Director General of the Army Medical department; from which it appears, that this complaint is unquestionably tubercular leprosy, or the Elephantiasis of the Greeks; that the symptoms of all the cases which existed at that time, nineteen in number, corresponded with those of the *lepra tuberculosa* of Bateman, Simpson, Copland and others. The symptoms observed were: dusky red or livid tubercles, of various sizes on the face, ears, and extremities; thickened or rugous state of the skin, diminution of its sensibility; falling off of the hair of

the eyebrows, eyelids, and beard; voice husky, nasal or entirely lost; ozæna; ulcerations of the surface; breath intolerably fetid; little or no pain: the nose, lips, and ears, generally enlarged and pendulous; the skin shining as if smeared with oil; the palate and fauces covered with tubercles; ulcerations and blotches on various parts of the body; appetite usually unimpaired; and the disease hitherto invariably fatal, at the end of a few years. Dr. Skene considers the disease identical with the tubercular leprosy, which prevailed in Europe, in the middle ages and more recently in Ireland, the Farroe Islands, Shetland, Madeira, the Crimea, Africa, Ceylon, and the East and West Indies. The new locality of this disease forms a part of the province of New Brunswick, and is chiefly confined to the east side of the land, lying between the bay of Chaleur and the estuary of the Miramichi river, and more particularly to the settlements on the Neguac and Tracadia rivers:— From the statements of the oldest inhabitants, the first case occurred about the year 1817, in the person of a woman named Ursale Landre; she died of the disease in 1829; her husband took the disease three or four years before her death, and sunk under it in 1831. From these cases, the disease would appear to have gradually extended itself, and although, ten or eleven years ago, only two cases existed, the commissioners found, independently of twelve deaths from the leprosy, nineteen confirmed cases and some highly suspicious ones. The disease appears to be transmitted by hereditary taint and by contagion, which latter is by no means active, as all those brought into direct contact with the disease, and all those immediately connected with the sources of the malady, do not necessarily become affected by it. So that it is not at all likely that this disease, which is at present local or endemic, will ever become epidemic. As to the causes of the present leprosy, in New Brunswick, it is attributed by some to filth, indigence, exposure to extreme temperatures, scanty and unwholesome diet, particularly of fish, salted while in a state of decomposition. The commissioners recommend to the Government of New Brunswick, the erection of a lazaretto, strict seclusion of the lepers in this establishment, and legislative sanction for the removal of persons afflicted into it.

I have the honor, to be, sir,

Your most obedient servant,

JAMES B. JOHNSTON, M. D.

Sherbrooke, Canada East, August 17th, 1844

*On the Medicinal Mixtures employed as Styptics.*—By Dr. GOTTSCHALK.—Dr. Gottschalk thinks that a medicinal mixture can act as a styptic only when it is not applied in the liquid form. “He has demonstrated,” he says, “that vegetable astringents do not merit this denomination, that they are not in reality astringents properly so called, because if they tan the tissues they give rise to a chemical combination which is accompanied by a

thickening and not by a contraction of those tissues." The experimentalist has made several trials with portions of intestine and pieces of liver which he allowed to remain for five days in solutions of sulphate of copper, sulphate of zinc, sulphate of iron, acetate of lead, crystallised alum, calcined alum, sulphuric acid, hydrochloric acid, nitric acid, and creosote. The results which he obtained in these experiments led him to the following conclusions:—

1st. The strongest styptics, alum, acetate of lead, and sulphate of copper, lose their styptic virtue when they are employed in the liquid form.

2nd. The liquid form is opposed, on the other hand, to the contraction of the tissues; on the other hand, it gives rise to a softening of the animal substance, and, consequently, it facilitates imbibition, impregnation, the thickening, and enlargement of the tissues, and it thus diminishes the tendency to destructibility.

3rd. The acids employed, except nitric acid, do not possess any styptic property; but they possess that property of rendering the tissues thicker.

Dr. Gottschalk, in extending his investigations to the decoctions of oak, rhatany, tormentilla, and nutgalls, in which he steeped for eight days dried pieces of intestines, and for five days pieces of sclerotica, cornea and conjunctiva of the ox in the fresh state, arrived at the following conclusions:—

1. None of the astringents indicated merit this name when they are employed under a form which prevents them from removing water from the tissues which are found in contact with them.

2. They are so much the less astringent, as in the liquid form they penetrate deeply into the tissues, and as they consequently produce thickening and enlargement.

3. If we omit the principles which, like strychnia, determine contraction, in consequence of their action on the nervous system, there remain as agents of styptic medication only the medicines called exsiccants and refrigerants.—*Chemist.*

*Syphilitic Chlorosis*, by M. RICORD.—In a great number of researches that M. Ricord has made upon the blood of persons affected with syphilis, he has constantly found the number of globules diminished in variable proportions. This state of the blood is what M. Ricord calls syphilitic chlorosis; and it has indeed many points of resemblance to other kinds of chlorosis. It is to this affection that we are to attribute the particular color that the skin of patients affected with constitutional syphilis presents; as in chlorosis, the physical and moral debility indicates a trouble of the circulation. The discolored skin, the inanimate expression of the eyes, shows the blood no longer possesses its normal qualities. Syphilitic chlorosis, generally, exists before any secondary or tertiary symptom has declared itself. Its principal characters are, beside the general aspect that we have just mentioned, considera-

ble prostration, with pains in the neighborhood of the articulations, having nocturnal exacerbations, unaccompanied, however, by swelling or change of color, and which are not augmented by pressure. Cephalagia, neuralgia of the fifth pair, paralysis of the facial nerve, are common signs. Alopecia, engorgement of the of the posterior or lateral cervical ganglions and sometimes only the mastoid ganglions, complete this group of phenomena, which is rarely preceded or accompanied by febrile movement.

This particular state of the blood grows worse as the syphilitic infection gives place to secondary or tertiary symptoms. It may continue in different degrees after they disappear. The first conclusion to be drawn from these considerations is, that syphilis being an anemic disease, or, at least, always complicated with anemia, the antiphlogistic method of treatment is dangerous. The second conclusion is, the necessity of a nutritious diet. "The treatment that I adopt," says M. Ricord, "consists in the combination of ferruginous and mercurial preparations, if there exist no counter indications. When the secondary symptoms pass to tertiary, the mercurials, combined with iodide of iron, or with iodide of potassium, suffice to reconstitute the blood.—*Bulletin Generale Therapeutique*.

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*Amputation at the Ankle Joint.*—This operation, Mr. Syme says, in the *London and Edinburgh Medical Journal*, should supersede amputation below the knee in a great many cases. The flap should be obtained from the heel and sole of the foot, as the natural thickness of the integument at those parts will afford a proper support to the stump. The best instrument for performing the operation is a large bistoury, or small amputating knife, with a blade about four inches long. There is no occasion for a tourniquet, as the assistant has complete command of the vessels by grasping the ankle. The incisions across the instep and sole of the foot should be curved, with the convexity forwards, and exactly opposite each other. A line drawn round the foot, midway between the head of the fifth metatarsal bone and the malleolus externus, will show their extent anteriorly, and they should meet a little way further back, opposite the malleolar projections of the tibia and fibula. If the ankle-joint is sound, the malleolar processes should be removed by cutting pliers; but if the articulating surfaces are diseased, a thin slice thereof should be sawn off. Care should be taken to avoid cutting the posterior tibial artery before it divides into the plantar branches, as in two cases where Mr. Syme did so, there was partial sloughing of the flap. The edges of the wound should be stitched together, and lightly dressed. When the cure is completed, the stump is of a conical form, the thick integument of the heel constituting its apex, or point of compression.

*Results of Observations on Small-pox in persons who had been vaccinated.*—These observations were made by Dr. LOSSETTE, in the small-pox ward of the great hospital of Milan. Dr. L. first endeavored to ascertain whether there was any relation between the vaccine cicatrix and its preservative power. With that view, having examined 420 subjects affected with small-pox after vaccination, he classed the cicatrices which they had in three orders, according to their physical characters: 1st, normal; 2d, imperfect; 3d, very imperfect cicatrices. In these 420, 231 had normal cicatrices, 124 incomplete, and 65 only very incomplete. From this it appears that the most regular cicatrices were far from constituting the most certain guarantee against an attack of small-pox.

But does a normal vaccine cicatrix render the consecutive small-pox less confluent? The following table answers this question in the negative.

Eruption.	Confluent.	Discrete.	Very Discrete.	Total.
Cicatrix normal	83	91	57	231
" incomplete	53	49	22	134
" very incomplete	18	28	19	65
				<hr/> 420

Nor do the number of vaccine pustules offer any assurance of protection, as will be seen from the following table:

Eruption.	Confluent.	Discrete	Very Discrete.	Total.
One cicatrix	30	30	16	76
Two cicatrices	36	35	22	93
Three cicatrices	40	38	20	98
Four and more cicatrices	48	65	40	153
				<hr/> 420

Does the liability to an attack of small-pox, after vaccination, result from the preservative power of the virus having become enfeebled by its successive transmissions? or to the prophylactic powers of this virus, being but temporary and limited to a certain number of years? Dr. L. adopts the latter explanation, and adduces, in its support, the following statistics of 1411 patients, observed in 1837 and 1838, all affected with small-pox.

Patients under 5 years of age.....130

" from 5 to 10.....101

10 " 15.....151

15 " 20.....203

20 " 25.....282

25 " 30.....216

30 " 35.....160

35 " 40.....68

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1411

If we consider that all these patients have been vaccinated in early life, and also the smaller number of individuals who attain the age of thirty years, these statistics would favor the view of Dr. Losette, of the utility of re-vaccination.—*Amer. Jour. from Annali Univ. di Med.*, 1844.

*The uses of Pure Tannin.* BY ROBERT DRUITT, ESQ.—In any case in which a vegetable astringent is indicated, Mr. Drutt believes that the tannin ought to have the preference. A simple solution of it, in distilled water, he says, is much more easily and quickly prepared, as well as much more elegant, than the ordinary decoctions or infusions of oak-bark, catechu, &c.; moreover, it may be prepared of uniform strength, and free from foreign inert matter, and is not liable to decompose quickly; in fact, it has all the advantage which the other simple vegetable principles have over crude preparations from the herbs or extracts in which they are contained.

The cases in which Mr. D. has employed it, are sore nipples, excoriations about the anus and scrotum, piles, leucorrhœa, atonic phagedenic sores, tooth ache, aphthous sores in the mouth, severe salivation and relaxed sore throat.

For sore nipples especially, Mr. D. has found it "invaluable." Every accoucheur knows what a source of wretchedness and illness these are to the young mother, and how difficult it often is to find a decisive remedy; but Mr. D. has never been disappointed in the use of tannin, except once, in a neglected case, with deep irritable cracks, for which it was necessary to use the lunar caustic. The form in which he employed it, is a solution of five grains in an ounce of distilled water; this is applied to the nipple on lint, covered with oiled silk.

For the itching excoriations about the anus and scrotum, which so much infest old men, he has used it with benefit, but prefers lemon juice as a local application. For piles, with mucous discharge, he has also found it of use, but he cannot say much on this point from his own experience.

"In one or two cases of lingering atonic phagedena," says Mr. D., "I have found it of some service, sprinkled thickly on the sore; but more particularly so in those aphthous ulcers which sometimes occur in the mouths of adults, from acidity of the stomach, and congestion of the liver. I may say that I believe it the best possible remedy for severe salivation, and for all cases of relaxed sore-throats attended with superabundance of mucus. It coagulates the mucus and enables the patient to get rid of it easily. Of course I do not use it to the exclusion of constitutional remedies; but of all the local means of making the mouth comfortable, I believe it to be the best.

"But of all the cases for which it is adapted, that common troublesome complaint, tooth-ache, is that in which I believe it is most to be depended on. For this piece of useful knowledge I am indebted to my friend Mr. Tomes, and I have tested it by ample personal experience. It will be found, as Mr. Tomes told me, that the gum around a carious tooth is in a spongy, flabby condition; a little piece of it, perhaps, growing into the cavity. The ache, too, is often quite as much in the gum, as in the tooth itself. But, be this as it may, when the tooth aches let the



patient wash out the mouth thoroughly with a solution of carbonate of soda in warm water; let the gum around the tooth, or between it and its neighbor, be scarified with a *fine* lancet; then let a little bit of cotton wool, imbued with a solution of a scruple of tannin, and five grains of mastich, in two drachms of æther, be put into the cavity, and if the ache is to be cured at all, this plan will put an end to it, in nine cases out of ten. I think that practitioners are to blame in not paying more attention to the cure of tooth-ache; I am convinced, that in most cases, it is as curable as a colic or a pleurisy; the chief points being to open the bowels, and put the secretions of the mouth in a healthy state, and to apply some gentle astringent and defensative to the diseased tooth, till it is capable of being stopped by some metallic substance. I say emphatically a *fine* lancet, because the coarse, round, blunted tools that are generally sold under the name of gum-lancets, only bruise the gum, and cause horrible pain. The lancet which I use is sickle-shaped, cutting on both edges and finely ground; and if guarded with the middle finger of the right hand, it may be used in the case of the most unruly children, without any possible ill result."—Prov. Med. and Surg. Jour., Oct. 9, 1844.

*M. Trousseau on the Signs of Auscultation in young children.*

—Every experienced physician must have found—if he has taken the trouble to examine the subject—that auscultation is of comparatively little value in the diagnosis of pulmonic diseases in early life. It is not often that the young patient can be kept sufficiently quiet to enable us to make the proper examination; and, moreover, the respiratory murmur is usually so loud and boisterous—especially upon any excitement—as completely to overpower any abnormal *bruits* that may be present. Fortunately the practitioner does not often feel the need of any extraneous means to aid his diagnosis in the thoracic diseases of infancy; the rational symptoms, as they have been rather absurdly called, being usually quite sufficient. The following remarks were made by M. Trousseau in his clinical lectures at the Hospital Necker.

“If the child be perfectly quiet, the breathing does not sensibly differ from that in the adult; the inspiration is rather noisy, while the expiration is scarcely perceptible; moreover, the former is exceedingly active and slow, while the second, on the contrary, is rapid and purely passive. But, if the child be restless, the inspiration is immediately rapid, and the expansion of the lungs cannot be perceived, while the expiration is, at the same time, slow, and accomplished with the aid of all those muscles which usually concur to the performance of this act. The air issues from the glottis in a small noisy stream. The expiration, therefore, is here essentially active, the very contrary of what it is in the normal state: moreover—and I insist upon this point—it must be very slow, while the act of inspiration is performed rapidly.”

“This new rhythm it is very necessary to be aware of, because

the character of certain pathological auscultatory sounds, which are thence derived, is more or less altered in consequence. In truth, if, as M. Beau believes—and in this opinion I quite agree with him—the blowing sounds and their numerous modifications really take place and are formed in the larynx, and are transmitted to the ear through the indurated lung by the air in the trachea and bronchi, it must follow that they (the sounds) will be the more distinct and obvious in proportion as the passage of the air is accompanied with the most blowing noise in the larynx. Now this is what we perceive to be the case in the adult. The inspiration is slow, and the expiration is rapid; the inspired air, therefore, passes more silently through the larynx than that which is expired; and thus it is that the blowing sounds are most distinctly audible during the act of expiration. But if—as in the case of the restless child—the inspiration be performed rapidly instead of slowly, the blowing sounds are heard during expiration when it (the child) is calm, and during inspiration when it is restless and crying.”—[Med. Chirurg. Rev.

*Cauterisation of the Pharynx with Ammonia.*—M. Monneret, physician to the Hopital la Charité, has been trying the experiment of cauterising the pharynx with ammonia. In one case of bronchitis, accompanied by great dyspnoea, the relief was immediate. Others have repeated the experiment with satisfactory results. M. Rayer proposes to substitute cauterisation of the palate as less dangerous. The pharynx or palate is rapidly touched with liquid ammonia, diluted with one-third of water.—*Gazette des Hopitaux.*

*Our Exchanges.*—The *Medical News* commenced a new volume with the New Year. This publication, besides a mass of general intelligence interesting to the profession, has presented to its subscribers, in the last two volumes, the complete lectures of Dr. Watson, a work of no ordinary value. In the present volume commences the re-publication of Lectures on Surgery, delivered at St. George's Hospital, by Sir Benjamin Brodie Bart, F. R. S. &c. Our recommendation can add nothing to the reputation of this work. The Medical news is issued gratuitously to the subscribers to the American Journal of the Medical Sciences, published by Lea & Blanchard, Philadelphia. The subscription to the *News* alone is but \$1 a year.

The *Medical Examiner*, appears in the volume for 1845 in a new form. During the year 1844 it was issued once a fortnight, each number covering 12 pages large octavo. In the new series it appears monthly, but much enlarged, presenting its subscribers with 72 instead of 24 pages, and for the same money. The subscription price continues to be \$3; Dr. Robert M. Huston continues to conduct the Examiner, which alone will recommend it to all former subscribers. Lindsay & Blackiston, Philadelphia, are the publishers. ED.